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# Program Memorandum

## Carriers

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Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

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Transmittal B-00-19

Date: APRIL 2000

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### CHANGE REQUEST 1144

#### SUBJECT: DMERCs -- Report on Expansion of Immunosuppressive Drugs

Pursuant to §227 of the Balanced Budget Refinement Act of 1999, current Medicare coverage is extended for self-administered immunosuppressive drug therapy following discharge from a hospital, or other certified institution, after a covered organ transplant. Previously, Medicare paid for oral immunosuppressive drugs for 36 months after a transplant. For a 5-year period beginning January 1, 2000, the benefit is extended 8 months beyond the current 36 months. Additional funds may be devoted to this benefit at a later date. If the Secretary determines additional months of benefits, such further extension must be specified for each year by May 1 of the preceding year.

Note that the extension of coverage for this benefit does not apply to special entitlement ESRD enrollees. Medicare eligibility for those enrollees will cease after 36 months.

This Program Memorandum (PM) instructs the VIPS Standard System for the DMERCs to set up a utility to identify and report those beneficiaries (including dollar amounts) who were paid under this expanded benefit. The new benefit was effective January 1, 2000. DMERCs will execute this report.

- The data base examined will be the Immunosuppressive DMERC Information Form: immunosuppressive drugs (DIFs) beginning January 1997.

- Those beneficiaries paid beginning the 37th month will be captured.

- The report will have two (2) sections. Section 1 will be a summary report and will specify both **monthly and cumulative** totals for number of beneficiaries, number of claims (with immunosuppressive drug codes), number of line items on the claims (with immunosuppressive drug codes), and dollars paid. Section 2 will be a **monthly** breakout of beneficiary-specific information and will list each beneficiary name, HIC number, date of service, and actual paid amount associated with each beneficiary. (See report formats attached.)

- The first report is due on or before July 15, 2000 and will include reports for each month from January 2000 through June 2000. Thereafter, a report is due by the 15th of each month for activity in the prior month.

DMERCs will submit the reports to their HCFA lead regional office project officers. The project officers will submit the report to CO on or before the 15th of each month. The reports will be submitted to the following:

Heidi Adams  
E-mail: HAdams@HCFA.gov  
410-786-1620

William London  
E-mail: WLondon@HCFA.gov  
410-786-7903

Joanne Spalding  
E-mail: JSpalding@HCFA.gov  
410-786-3352

**HCFA-Pub. 60B**

**The *effective date* for this PM is January 1, 2000.**

**The *implementation date* for this PM is July 1, 2000 (retroactive to January 1, 2000).**

**These instructions should be implemented within your current budget.**

**This PM may be discarded after July 1, 2001.**

**DMERC contractors should contact the appropriate lead regional office project officer with any questions related to this PM.**

**Attachment**

**IMMUNOSUPPRESIVE DRUG BENEFIT EXTENSION REPORT**

**REPORT FOR THE MONTH OF \_\_\_\_\_**

**Section 1: Monthly and Cumulative Summary Data**

DMERC Name: \_\_\_\_\_

DMERC Name and Phone Number of Contact Person: \_\_\_\_\_

HCFA/RO Name and Phone Number of Contact Person: \_\_\_\_\_

# beneficiaries for the month	_____	# beneficiaries to date	_____
# claims for the month	_____	# claims to date	_____
# line items for the month	_____	# line items to date	_____
\$ for the month	_____	\$ to date	_____

**Section 2: Beneficiary-Specific Information - Current Month**

List Bene. Name	HIC #	DOS	Amount Paid
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